

DOHDOHDOH

From: Jean Crocco DOHDOHDOHDOH

Sent: Thursday, April 12, 2018 3:55 PM

To: COMPLAINTS, NCF <c-ncomplai@pa.gov>

Subject: Patient Status ASA PS 1 violations

Good day,

In reviewing the license reapplications for the abortion clinics in PA I noticed a problem with the following Class A clinics.

PP(Planned Parenthood) in Redding

PP in Allentown

PP in Warminster

PP in York

PP in West Chester

All these class A clinics list on their applications that the highest level of ASA Patient Status is 1- meaning healthy women.

On the Planned Parenthood website for each of these clinics in their explanation for In-Clinic Abortion it states :

If you have asthma, bring an inhaler if you have one.

If a woman has asthma she is at least PS-2. On the Planned Parenthood website it implies that a patient with asthma would be allowed to have an in-clinic abortion. This is outside of their facility license.

Jean Crocco

Pro-Life Action League

DOHDOH (cell)

From: COMPLAINTS, NCF

Sent: Tuesday, January 16, 2018 8:59 AM

To: Davis, Donna [REDACTED] Mohammed, Janine [REDACTED]

Subject: FW: Abortion Facilities Complaint

Good Morning,

We received the attached email via complaint hotline. The facility identified appears to be a Hospital. Forwarding to you to handle as you deem appropriate.

Thanks

From: Jean Crocco [REDACTED]

Sent: Monday, January 15, 2018 5:05 PM

To: COMPLAINTS, NCF <c-ncomplai@pa.gov>

Subject: Abortion Facilities Complaint

Dear Department of Health,

This is a combination complaint, but first I want to take time to thank you for what you do. I have noticed that recently you have been using the ASF inspection criteria for about half of the Class "A" Facilities. Thank you. Some have passed. Others have not. That's fair. I'm particularly glad because you also follow up the annual inspections with special monitoring and revisit surveys. I don't believe that the AAAASF does that ever. At this point I don't know if the AAAASF is accrediting any PA abortion facilities as they have decided it was in their best interest to not answer my inquiries. If you are relying on the AAAASF for any of these facilities, please let me know which ones. Certification is up for renewal in 2018 for their once every three years on site inspection. Again, I suggest you dump them completely and all do the inspections yourselves. I have no particular animus against AAAASF, but their accrediting of Hillcrest had to have been willfully blind or irresponsibly naive.

My complaint has to do with the Planned Parenthood Keystone and Planned Parenthood Southeastern Pennsylvania abortion facilities. I am not an expert on Planned Parenthood, but I can see from reading the reports that the affiliate sees itself as the owner and considers the individual facilities as mere branches. That has not been too conducive to ASF requirements as seen in the problems found in the PPSP Far Northeast Health Center (Comly Rd.) in the 11/30/17 dated report of the visit on 9/27/17. I assume that when the relicensing of the Locust St. Facility comes out it will have similar deficiencies (by my calculations an inspection was due in September also. When it is released is up to you). Also, in the PPKEY reports on Warminster dated 11/29/17 and for Allentown dated 11/30/17 basically the same POC was submitted regarding 29.43 Facility Approval even though the Allentown violation was not more than 90 days out.

What I did find disturbing was on page 3/13 of the POC for Allentown where it says, "Planned Parenthood Keystone does not experience incidents considered to be serious events often...." This was written after Allentown had a serious event (perforation of the uterus) on 11/3/17, Warminster had a serious event (again, perforation of the uterus) on 5/5/17, Allentown had an Rh-negative woman not receive Rhogam on 8/11/17 (I think that would be considered a serious event. She may never be able to carry a pregnancy to term if she was sensitized). The only reason I know about these is that they were improperly handled. How many have been properly handled I don't know, but you do. At any rate, a POC should be a place to state what went wrong and plans to correct it. It is not an opportunity for Public Relations for

damage control. It appears by this that PPKEY is trying to make their mistakes little, which is the opposite of owning up to them.

It must be difficult for the Infection Control nurse and the RQM person to work at all of the different branches at PPKEY. That means they are not really often there. As with the medical director and other "key" people. I've seen a Planned Parenthood affiliate in another state use cameras in their remote clinics to see if the cleaning is done properly. Is this any way to run healthcare? The lack of trust must engender negative feelings. Please examine the relationship between the corporate parts of Planned Parenthood and the branches where the care is being delivered. Planned Parenthood's slogan of "Care- No matter what" rings rather hollow.

Jean Crocco
Pro-Life Action League
DOHDOH (cell)

DOH

DOH

DOH

From: Jean Crocco [DOHDOHDOHDOH]

Sent: Thursday, January 04, 2018 3:18 PM

To: COMPLAINTS, NCF <c-ncomplai@pa.gov>

Subject: Philadelphia Women's Center

This is a complaint and a request for clarification of issues related to the survey and plan of correction for Philadelphia Women's Center conducted on January 18-19 2017, but posted as completed on September 30, 2017.

First a complaint- the POC for 551.22 (a)(4) is insufficient. The requirement is for a medical professional who has successfully completed a course in PALS to be present in the facility whenever children are having ambulatory surgery. This requirement is personally important to me because I remember when Deanna Bell was taken out of the Albany Surgicenter in Chicago in a very small body bag. She was 13 when she had the abortion and it appears that it was the overdose of anesthesia that killed her.

The POC states that the nursing staff was trained onsite in PALS on 1/30/17. Nursing staff are not medical professionals. It is also not clear who did the training. PALS training done 12 days after the inspection all in one day seems a little too easy. I am not objecting to nurses being trained, but if that is the extent of the training it does not meet the rule. Please verify that Philadelphia Women's Center understands that nurses are not medical professionals. And verify that the training done was offered by the American Academy of Pediatrics and either the American College of Emergency Physicians or the American Heart Association. A one day inservice by the facility staff does not qualify.

Now my questions:

1) Is it really proper for the discharge summary and the discharge diagnosis to be "autopopulated" in the EMR? 563.12 (11)

2) Why did it take so long for this to be published online? I realize that there was a need for a POC, but by not submitting an acceptable POC in a timely way an ASC can prevent the public from knowing the full extent of violations for a long, long, time. There were followups to the survey dated in April and in August. The August makes it appear that all violations had been corrected, when acceptable POCs were not even submitted and the full extent of violations was unknown. Might I suggest that if a clinic is not forthcoming with an acceptable POC that after, say, 90 days the inspection report be published without the POC? This would be consistent with the public's right and need to know while giving the clinic ample time to dialog with the department, unless stalling is their intention.

3) It took 8 months for the completion of the POC regarding the storage of fetal remains in a locked, non-refrigerated cabinet. I'm almost afraid to ask what was going on. According to the findings, the contents in the locked non-refrigerated cabinet were overflow of fetal specimens and tissue. According to the POC the contents are referred to as intended for the pathology lab. According to the facility policy at the time the freezer was for specimens NOT sent to the lab. So the specimens in the cabinet, if they were intended for the path lab and if they were stored in formaldehyde, would not have violated the rules. I suspect something else was going on and that the POC did not admit to what that was. But I can only ask, why did it take 8 months to have an acceptable POC and to have it carried out if all that was stored in the cabinet were packaged to ship lab specimens?

Thank you, if you've read this far. I really do appreciate that Pennsylvania takes the health of their women seriously by inspecting, and appropriately closing, the abortion clinics that have shown that they don't consider themselves bound by the same standards as other medical facilities.

Jean Crocco
Pro-Life Action League
DOHDOH (cell)

DOHDOHDOHDOHDOHDOH

From: COMPLAINTS, NCF

Sent: Tuesday, October 09, 2018 8:36 AM

To: Davis, Donna DOHDOHDOH Mohammed, Janine DOHDOHDOH

Subject: FW: Complaint concerning formerly licensed abortion facility Women's Medical Society

Importance: High

Good Morning,

We received an email via complaint hotline. The facility identified appears to be an Abortion Clinic. Forwarding to you to handle as you deem appropriate.

Thank you

COMPLAINT HOTLINE

CENTRAL OFFICE

DNCF

The information transmitted is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any use of this information other than by the intended recipient is prohibited. If you receive this message in error, please send a reply e-mail to the sender and delete the material from any and all computers.

From: Jean Crocco DOHDOHDOH

Sent: Monday, October 08, 2018 1:17 PM

To: COMPLAINTS, NCF <c-ncomplai@pa.gov>

Subject: Complaint concerning formerly licensed abortion facility Women's Medical Society

Dear Department of Health,

Last month I had the opportunity to view first-hand the former Women's Medical Society in Philadelphia owned and operated by Kermit Gosnell. I'm sure you remember the case. It was only an outside view, but it revealed a building in great disrepair. My guide, a neighbor of the former clinic, was able to point out the many windows that had been boarded up due to broken glass, the collapse of the ceiling inside, the garage strewn about inside where there were still windows to peer through. She explained that the gas and the electricity were turned off. She also showed me some photographs taken AFTER the building was supposed to have been "cleaned up" (I don't know what the word would be) by the department.

There were two things that distressed me. The first one is that the patient files remain in the building on the second floor. My guide said they can be clearly seen on open shelves through the window and showed me photographs. This presents a threat to the privacy rights of any woman or man who sought treatment there (it's my understanding that Gosnell saw patients during the day for pain management so there might be records for men, also). I know that there are required procedures for the closing of a clinic that include provision for the keeping of records. What I don't know is 1) whether those regulations were written after the Gosnell problems came to light and 2) even if the regulations were in existence at the time of the clinic being open, whether Gosnell would have abided by those in planning for closure since he ignored so many other regulations. I believe that it is the responsibility of the department to seize those records

and either destroy them (if the time has elapsed where they are required to be preserved) or keep them securely in case there are women who might request those records for whatever reason. There are many women who have had abortions who do not want it to be known. They are generally promised that no one will find out because the records are private. Records being kept in an abandoned building that could be broken into without anyone really knowing and with the files not in a separately locked file cabinet or file room could cause emotional harm to some women. Gosnell is unable to protect these records at this time. Please deal with this.

The second problem I saw was related to something I have difficulty explaining. My guide referred to this as a "door" to the basement. I'm not familiar with these things. It appeared as hinged metal plates on the sidewalk that open into a basement area. I'm not sure what the purpose of these "doors" was- perhaps coal delivery? At any rate, she showed me a picture taken of the open door AFTER the department "clean up" with a red biological waste bag inside. It was probably missed by the department because of its odd location, under the sidewalk. Never-the-less, it should be removed. When I was there there was a pad lock on the "door". Standing on the corner, it was on the right side of the building, but I can't remember if there was more than one "door". The one I saw was rather close to the corner. This bio bag, old as it is, should be removed. It should also be examined (I don't envy the person to do that) for more signs of murdered children. And, if there is evidence of either aborted children or murdered late term children, those bodies should be released for burial. Perhaps, it was just contaminated trash. I don't know. But it needs to be removed from the building and examined. That is the department's responsibility.

I can provide you with contact information for the neighbor/guide if you need it.

To summarize: Please seize the files and remove the bio bag.

Thank you,

Jean Crocco

Jean Crocco
Pro-Life Action League
DOHDOH (cell)

DOHDOH

From: Jean Crocco [DOHDOHDOHDOH]
Sent: Monday, February 26, 2018 6:12 PM
To: COMPLAINTS, NCF <c-ncomplai@pa.gov>
Subject: Complaint Philadelphia Women's Center

Dear Department of Health,

First, I would like to thank you for the inspection done on January 10, perhaps related to my previous complaint. While the facility was found in compliance related to the complaint, I do have three comments/complaints related to the POC for the Licensure Survey.

1) On page 21/30 as relates to the failure to follow facility policy of vital every 15 minutes for IV sedation patients post op the POC states in 2. "No patients or staff were harmed by this deficiency". Really??? Look at MR#2, who is listed along with 3 other patients who were not monitored properly. She had intervals of 27 minutes and 23 minutes between vitals. Could this have effected her? Looking at pages 10,11, and 12 we see that MR#2 had a serious event(which they labeled an incident)- a perforated uterus. Would not more frequent monitoring have possibly resulted in quicker detection of the problem? How can they claim, without evidence, that she was not harmed by lack of close monitoring? Do they really believe that?

2) Looking at the serious events noted in the inspections (MRs# 1,2,3,22) there was no mention in the POC that THOSE particular patients were ever notified of the serious event, even if it was past the time. Only a statement of what they claim will happen in future cases.

3) I ask myself, "Why would a facility call a serious event an incident?" and "Why would they not notify someone if there was an incident?" It seems to me that they are trying to hide these things, to mainstream them as not so unusual or bad. Really, how can you puncture a uterus and not think it's serious? How can you have a 3cm cervical tear(MR#1), bleeding and repairs and transfer to a hospital and think no one was harmed? This shows a lack of good judgement. Was the physician reported for not reporting the serious event? Was the facility fined for not reporting?

MR#3 also bothered me. While I don't believe the overdose of Cytotec is related to the DIC (not mentioned anywhere in FDA literature as related. I found one mention of it in Niger in 2008 that mentioned correlation, but causation cannot be inferred from that) the fact that this woman was in ICU the next day, had suffered large amounts of blood loss (1.6L in ER alone), and there is no follow-up as to whether she's even alive really makes me wonder what Philadelphia Women's thinks it takes to reach the level of serious event. Some people believe that any suffering an abortion patient has to go through is deserved by her. Even the women themselves sometimes feel they got what they deserve. That's why so few women damaged by these clinics ever sue. But if the clinic workers think this, it's very important that they be stopped before any more harm comes. Please consider shutting them down.

Jean Crocco
Pro-Life Action League
DOHDOH (cell)

To: COMPLAINTS, NCF <c-ncomplai@pa.gov>

Subject: Complaint relating to Planned Parenthood Keystone- Allentown abortion facility

Dear PADOH,

This is related to the POC for the 3/15/2018 annual Registration Survey for PP-Allentown.

Has nursing care been reduced to a matter of "clicks"?

Regarding 29.33(13) Requirements for Abortion:

The patients had their vitals taken in the recovery area by an licensed nurse on admission. Great. Where was she during the rest of the time they were in the RR? Was she "clicking" operating room information? Was she "clicking" pre-op meds on other patients? Why would she only "click" in the vitals on admission, but not on discharge? Perhaps she wasn't present during the entire recovery time. Perhaps she was doubling in the procedure/operating room. I guess you could check for "clicks" on other patient's charts whose abortions were occurring during the recovery of these patients. I assume you checked employee time sheets to verify that she was present at the clinic.

Having a subsequent "click" on the medical record by the licensed nurse does not give sufficient evidence that her present was constant. Cross checking to see if she is clicking on other medical records(outside of recovery) would be a way of proving she wasn't there, but it's very hard to prove that patients are being adequately monitored unless the care is more personalized than a "click" here and there.

Regarding 3205 Informed Consent:

I suppose I should first state that I am predisposed to believe there is little enthusiasm by abortion clinics over informed consent. I believe they see it as merely a hurdle they must jump over to get to what they intend to do-provide an abortion to their customer. As evidence, I submit that there was never an informed consent law supported by an abortion provider unless the purpose of the law was to decrease the requirements.

I applaud the Pennsylvania requirements for informed consent. If carried out with concern for the woman that she really understand what she is doing, I believe there would be fewer women who have abortion regret. But until abortion clinics are willing to lose customers, the informed consent hurdle will be jumped over (or gone around) with minimal effort to educate.

So Planned Parenthood has reduced their Proof of Compliance with informed consent to a "click" in a box. Yet they missed doing that for 6 of 16 patients. They couldn't even get a click? Perhaps an undercover inspector posing as a patient could discover what PP Allentown actually presents in their informed consents, but that is probably beyond your scope of investigation.

You have a hard job to do keeping healthcare personnel honest. It's even harder with abortion providers. I wish you well.

Regarding Hibiclens 29.43(b):

They made such a fuss about sequestering the product and having their disposal company pick it up. You cited them for using a 16 oz. bottle for a pre-surgical skin prep. They still could have used it for hand washing in the facility. It need not be discarded. Also, while the product is acceptable for pre-surgical skin prep in the 15ml packaging, it is specifically contraindicated for use in the genital area.

<https://hibiclens.com/retail/s/hibiclens®-drug-facts>

To summarize my complaint, Planned Parenthood Keystone-Allentown is attempting to use simple "clicks" to document compliance and care -and has failed in that. The problem is not the lack of "clicks". The problem is the lack of care. PP's motto, "Care, no matter what" rings particularly hollow.

Jean Crocco

Pro-Life Action League

DOHDOH (cell)